

Docket Number: 26053.00

77-A

0300

#4

Modified PTO/SB/01A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76) MODIFIED TO INCLUDE POWER OF ATTORNEY

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. 09/779,076 filed on _____
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

As a named inventor, I hereby appoint the law firm of Pitts & Brittan, P.C., Customer Number 22465, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

FULL NAME OF INVENTOR(S)

Inventor one: James M. ROCHELLE

Signature: _____ Citizen of: USA

Inventor two: David M. BINKLEY

Signature: David M. Binkley Citizen of: USA

Inventor three: Lloyd G. CLONTS

Signature: _____ Citizen of: USA

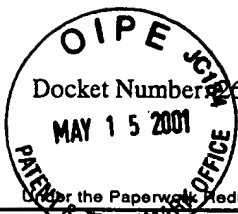
Inventor four: Brian K. SWANN

Signature: _____ Citizen of: USA

☒ Additional inventors are being named on 1 additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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MAY 18 2001
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Docket Number 26053.00

MAY 15 2001

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Citizen of: USA

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Citizen of: USA

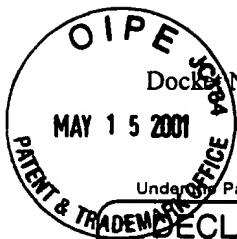
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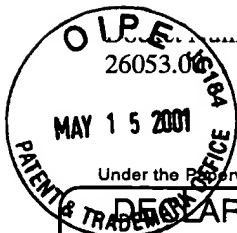
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Inventor four: Brian K. SWANN

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FULL NAME OF INVENTOR(S)

Inventor five: Rungwit SANGSINGKEOW

Signature: 

Citizen of: USA

Inventor six: _____

Signature: _____

Citizen of: _____

Inventor seven: _____

Signature: _____

Citizen of: _____

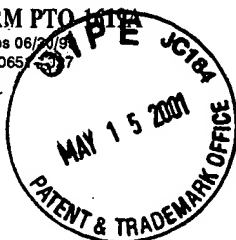
Inventor eight: _____

Signature: _____

Citizen of: _____

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**RECORDATION FORM COVER SHEET
PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

☒ New

☐ Resubmission (Non-Recordation)
Document ID#

☐ Correction of PTO Error
Reel # Frame #

☐ Corrective Document
Reel # Frame #

Conveyance Type

☒ Assignment ☐ Security Agreement

☐ License ☐ Change of Name

☐ Merger ☐ Other

U.S. Government
(For Use ONLY by U.S. Government Agencies)

☐ Departmental File ☐ Secret File

Conveying Party(ies)

☒ Mark if additional names of conveying parties attached

Name	Execution Date Month Day Year
Name (line 1) James M. ROCHELLE	02072001
Name (line 2)	

Second Party

Name	Execution Date Month Day Year
Name (line 1) David M. BINKLEY	05142001
Name (line 2)	

Receiving Party

☐ Mark if additional names of receiving parties attached

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 1) Concorde Microsystems, Inc.

Name (line 2) a corporation of Tennessee

Address (line 1) 10427 Cogdill Road, Suite 500

Address (line 2)

Address (line 3) Knoxville Tennessee 37932
City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

Correspondent Name and Address

Area Code and Telephone Number **(865) 584-0105**

Name **J. Kenneth Hoffmeister**

Address (line 1) **Pitts & Brittian, P.C.**

Address (line 2) **P.O. Box 51295**

Address (line 3) **Knoxville, TN 37950-1295**

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

5

Application Number(s) or Patent Number(s)

☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

09779076

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year
02 07 2001

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT PCT PCT
PCT PCT PCT

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41)- \$

40

Method of Payment:
Deposit Account

Enclosed ☒ Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

16-1910

Authorization to charge additional fees:

Yes ☒ No ☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

J. Kenneth Hoffmeister

Name of Person Signing


Signature

05/15/2001

Date